



Virginia Department of Behavioral Health & Developmental Services

**Fredericksburg Providers Focus Group Session
Mary Washington Healthcare
Wednesday, April 13, 2016**

BARRIERS TO WELLNESS IDENTIFIED WELLNESS MATRIX GROUP DISCUSSION OUTPUTS

I. QUESTION: WHAT ARE THE CHALLENGES WHY MANY PROVIDERS ARE NOT ABLE TO ACCEPT NON-ENGLISH-SPEAKING REFUGEE CLIENTS?

Group answer: lack of resources and cultural competency

Lack of resources includes: transportation, childcare, funding, case management, interpreter, availability/time, trained staff, appropriate forms/assessments, knowledge of law/regulations

II. QUESTION: WHAT ARE THE CHALLENGES EXPERIENCED BY DIRECT SERVICE PROFESSIONALS IN FINDING HELP FOR NON-ENGLISH SPEAKING REFUGEE CLIENTS?

Group response: lack of cultural and linguistic competence: and availability of support

Lack of cultural and linguistic competence includes: family structure, trained medical interpreters, values

Availability of support includes: insurance, networking, system change, interpreters

III. QUESTION: WHAT ARE THE CHALLENGES PROVIDERS FACE HAVING NON-ENGLISH SPEAKING REFUGEE CLIENTS?

Group response: training and funding

Training includes: cultural competency, trauma- informed care training, medical/legal interpretation training, available resources

Funding includes: Medicaid, sliding scale, interpreters

IDEA CAPTURE FROM INDIVIDUAL AND SMALL GROUP WORKSHEETS

What are the challenges why many providers are not able to except non-English-speaking refugee clients?

- 1) interpreters not properly trained
- 2) insurance
- 3) clients not coming on time
- 4) consistency and follow up number

- 5) cultural biases (unable to follow instructions)
- 6) interventions (differences in culture)
- 7) differences in the level of expectation
- 8) provider not familiar with interpreter – assisted process
- 9) time to understand and focus
- 10) compartmentalization (health versus mental health)
- 11) trust, respect and relationship in treatment

What are the challenges why many providers are not able to accept non-English-speaking refugee clients?

- 1) health insurance
- 2) Medicaid approval for language/interpretation services- language line
- 3) trained interpreters (medically certified)
- 4) inexperienced counselors (who don't have experience working with an interpreter)
- 5) need for trauma training for clinicians (because of the horrific statistics – we can't even fathom what they've experienced)
- 6) triple trauma paradigm - "trauma informed"
- 7) unique mental health needs to be addressed
- 8) are our mental health providers equipped to handle to the degree of trauma that refugees have experience?
- 9) migration stress/financial stress
- 10) finding providers who except Medicaid
- 11) sliding scale – affordability
- 12) finding providers who have trained certified translators
- 13) finding providers experienced in trauma and cultural differences
- 14) communication
- 15) funding
- 16) training for cultural competency/cultural awareness
- 17) resources availability/understanding the cultural dynamics/family dynamics of HIPPA

What are the challenges providers face have a non-English-speaking refugee clients?

- 1) funding HCP that offers interpreter services
- 2) funding adequate/professional/culturally sensitive interpreters
- 3) choosing language ability of her other preferences
- 4) lack of knowledge/education of process and needs (role of providers in process)
- 5) funding for interpreters
- 6) patients need more time, therefore uses more resources
- 7) better training (available resources, rights, eligibility, culture)
- 8) no central hub of information

IDEA CAPTURE FROM INDIVIDUAL 4-SQUARE GRID WORKSHEETS

The “Action and Resources” 4-square grid responses from individuals

(Group responses aggregated on graphic)

1. Conference for service providers
2. Annual Resource Fair – Outreach Services Community Event – with all providers and topics, such as; Medicaid, Affordable Care Act, housing, churches, community resources (library, etc.)
3. Cultural competency incorporated into schooling (MSW, Psych, medical, pharm, etc.)
4. Language line integration
5. LSS and CC coordinator

6. Nova script
7. Train clients about the health system
8. Lobby service providers
9. Have regular meetings with this group
10. Create a referral network – comprehensive database?
11. Medicaid eligibility for asylum seekers/asylies
12. Training and required reading for case workers
13. Get on media calendars of events
14. Link to Virginia Volunteer Services Networks
15. Mobile Outreach for Community – Convoy of Hope in ever community – bring resources together
16. Grant for MH Core/Treatment
17. 5 hours of weekly case management for transitioning family like the SSA model
18. Extended work and PASS trial period
19. Rappahannock conference for this region – and replicate across Virginia
20. Organize with churches